

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 091542866	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		2		2			53				
4		1		1			54				
5		2		2			55				
6	1		1				56				
7	1		1				57				
8		1		1			58				
9		1		1			59				
10		1		1			60				
11	1		1				61				
12		1		1			62				
13		1		1			63				
14		1		1			64				
15	1		1				65				
16		1		1			66				
17	1		1				67				
18		1		1			68				
19		1		1			69				
20		1		1			70				
21	1		1				71				
22		1		1			72				
23		1		1			73				
24		1		1			74				
25							75				
26							76				
27							77				
28							78				
29							79				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	7		9				TOTAL IND.				
TOTAL DEP.	17		20				TOTAL DEP.				
TOTAL CLAIMS	24		29				TOTAL CLAIMS				